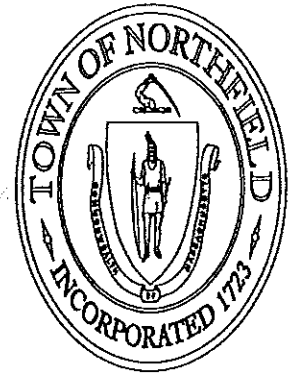


TOWN OF NORTHFIELD
BOARD OF HEALTH

69 Main Street, Northfield, Massachusetts 01360
Phone: (413) 498-2901 Fax: (413) 498-5103

www.northfield.ma.us



Application for a Well Permit

FEE ----- \$25.00

DATE: _____

APPLICANT'S NAME: _____

CURRENT RESIDENCE/MAILING ADDRESS: _____

CURRENT PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____

TYPE OF
CONSTRUCTION:

☐ New Well

☐ Existing Well Repair

TYPE OF WELL:

☐ Drilled

☐ Driven

☐ Dug

ROAD NEAREST PROPOSED WELL SITE:

Map: _____ Parcel: _____

PARCEL SIZE IN ACRES (or Sq. Ft): _____

PROPERTY DESCRIPTION- List distances to any other wells, septic tanks and disposal fields, subsurface fuel storage tanks, property lines, public or private roads, etc:

*****If the well is to be drilled within 100 ft of a wetland reserve area or within 200 ft of a perennial stream or river, the applicant must seek approval from the Northfield Conservation Commission.*****

Please return your completed application and fee of \$25.00, with check payable to the Town of Northfield to:
Northfield Board of Health
69 Main Street
Northfield, MA. 01360

For Board of Health use:

Permit Issued: Date: _____

BOH: _____

Permit Not Issued: Date: _____

Reason: _____

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on a basis of race, color, national origin, sex, age or disability."